



Bib Data Sheet



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| SERIAL NUMBER 09/471,510 | FILING DATE 12/23/1999 | CLASS 600 | GROUP ART UNIT 3736 | ATTORNEY DOCKET NO. MASIMO.149A | | | | | | | | | | |
| APPLICANTS MOHAMED K. DIAB, Mission Viejo, CA ; | | | | | | | | | | | | | | |
| ** CONTINUING DATA ***** | | | | | | | | | | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | | | | | | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** 02/03/2000 | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; border-bottom: 1px solid black; padding: 5px;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met, Allowance </td> <td style="width: 15%; border-bottom: 1px solid black; padding: 5px; text-align: center;"> STATE OR COUNTRY CA </td> <td style="width: 15%; border-bottom: 1px solid black; padding: 5px; text-align: center;"> SHEETS DRAWING 19 </td> <td style="width: 15%; border-bottom: 1px solid black; padding: 5px; text-align: center;"> TOTAL CLAIMS 17 </td> <td style="width: 10%; border-bottom: 1px solid black; padding: 5px; text-align: center;"> INDEPENDENT CLAIMS 3 </td> </tr> <tr> <td style="padding: 5px;"> Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 60%;"> <i>[Signature]</i> Examiner's Signature </div> <div style="border-bottom: 1px solid black; width: 30%;"> <i>[Initials]</i> Initials </div> </div> </td> <td colspan="4"></td> </tr> </table> | | | | | Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met, Allowance | STATE OR COUNTRY CA | SHEETS DRAWING 19 | TOTAL CLAIMS 17 | INDEPENDENT CLAIMS 3 | Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 60%;"> <i>[Signature]</i> Examiner's Signature </div> <div style="border-bottom: 1px solid black; width: 30%;"> <i>[Initials]</i> Initials </div> </div> | | | | |
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| ADDRESS 20995 | | | | | | | | | | | | | | |
| TITLE PLETHYSMOGRAPH PULSE RECOGNITION PROCESSOR | | | | | | | | | | | | | | |
| FILING FEE RECEIVED 890 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table> | <input type="checkbox"/> All Fees | <input type="checkbox"/> 1.16 Fees (Filing) | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | <input type="checkbox"/> 1.18 Fees (Issue) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Credit | | | | | | |
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